

## **Proposed Templeton Psychiatric Hospital**

### Two Separate Facilities are being Proposed

- Proposed lot split to two parcels: one for a 96-bed Behavioral Health Facility (Psych Hospital); one for a 60-bed Assisted Living Facility (memory care)
- Both facilities proposed to be two story structures
- Facilities are expected to be managed by separate entities

### Assisted Living Facility

- Designed to meet the needs of persons with memory impairments
- Appears to be the cause of no concerns among the neighbors

### Behavioral Health Facility

- Proposed to contain 96 beds contained in four pods of approximately 20 each plus swing beds
- Approximately one quarter of the beds are anticipated to be utilized by older adults (Medicare beneficiaries), one quarter by privately insured adults (21-64 yrs old), one quarter by adolescent aged youth and one quarter by younger children. As a privately owned and operated facility, they will be inclined to treat only privately insured adults, since Medi-Cal will not pay for their services. Medi-Cal will, on the other hand, pay for medically necessary inpatient services for youth.
- The facility might be operated for only voluntary admissions, or the operators could seek and obtain (from us) designation as an LPS receiving facility, which would allow them to retain and treat 5150/5250 patients against their will, if that were determined by BH Dept. to be in the best interests of the patient(s) and/or County.
- In either case, the type of individuals who seem to be generating the most neighborhood concern are the Medi-Cal (no private insurance) adults, particularly those who may be homeless (and likely discharged to the community rather than to a more stable placement). That is the one demographic that is the least likely to be a patient in the facility. As a voluntary facility, they will have essentially no patients in this demographic. As a designated LPS receiving facility, should they pursue that status, Medi-Cal adults would be the last category of patient we would transfer from the PHF, due to the lack of a third party payor (meaning the County would foot the bill).
- More details included in the attached two page summary.

### **Proposed Freestanding Psychiatric Hospital in Templeton**

The proposed facility in Templeton has raised many questions by community members. Safety has been a primary concern to the area neighbors.

The Behavioral Health Department (BHD) supports the development of additional inpatient psychiatric care in the County. There are two potential designations for the proposed Templeton facility; one would be “LPS Designated” by the County, meaning the facility would be able to take patients on an involuntary basis, have a locked setting, and would be required to put all the patients’ rights elements into place to ensure due process. Conversely, the facility could accept only voluntary patients. This would preclude the facility from “locking” the site to prevent exit; would not have a required patients’ rights duty; and would provide a stricter range of admission criteria. For the County BHD, an LPS designated facility would be more beneficial. The vast majority of individuals in need of psychiatric hospitalization come in through an involuntary hold process (5150). All of the admissions to our Psychiatric Health Facility (PHF), and all of the individuals we have assisted to hospitals in other counties, have been involuntary. However, any additional beds, especially for youth and elders, would be an asset for care and efficiency.

The SLO BHD PHF treats primarily adults who are indigent or on Medi-Cal. We would continue to treat that population. The proposed Templeton facility, as a freestanding psychiatric facility, may not bill medi-cal for individual ages 21-64. For homeless individuals, individuals who are not already engaged in treatment, or individuals referred from the County jail, the PHF would remain the primary, if not sole, option for inpatient treatment. (Our PHF treated 87 individuals identified as homeless at admission in FY 13/14.)

The proposed psychiatric hospital in Templeton would fill several service gaps currently existing in San Luis Obispo County. The SLO BHD has transported over 350 individuals a year to psychiatric hospitals in other areas, as far reaching as Santa Rosa and Sacramento, due to inadequate capacity for treatment. These individuals include 51 minors, 161 adults, and 25 older adults. BHD drivers (PHF mental health worker aide staff) provide the transportation for these individuals to the out of county placement. Ambulance services are sometimes required, especially for individuals who are medically fragile.

Our 16 bed psychiatric Health Facility (PHF) does not have sufficient treatment space to appropriately provide the range of services that are optimal for children who tend to have longer stays than adults. Nor is there sufficient safe space for frail elders who are subjected to the behaviors of some of our adult patients. As the sole “LPS Designated” receiving unit (involuntary treatment allowed) in the County, our facility treats individuals who are part of the public safety net and most in need of acute, involuntary care. We are also responsible to treat individuals requiring restoration to competency from the jail. Some of these individuals present serious behavior management issues and require additional staffing. It is clinically more appropriate that a child or elderly person receive treatment in a better suited facility, without exposure to some of our more actively acute adults.

For individuals who are transported to out of county facilities via ambulance, a special crew is called in. It can take several hours for a crew to become available, leaving the patient either in the Emergency Department or in the PHF longer than desirable. While the ambulance company does not reduce required services locally, the impact to crews who may have to travel up to 8

hours out of county with a minor can be taxing. This also reduces their availability for other shifts.

For family members, out of county hospitalizations reduce the efficacy of family based treatments and the ability of the patient to return home with a better prepared and informed family/support group. This may lead to additional hospitalizations if stabilizing efforts are unsuccessful due to lack of preparation and/or treatment within the family setting.

### **General Notes about Freestanding Psychiatric Hospitals**

- Licensed by the State of California
- May be JCAHO accredited
- Provides structured, secure environment for people experience a high level of distress
- The goal of the program is first to stabilize the distressing or life-threatening symptoms of people who are in throes of the acute phase of a severe mental illness. Once stabilized, the program helps individuals realize their potential for creating the lives they desire for themselves, helping them transition back into the community as quickly as clinically appropriate.
- Funded through private insurance, Medicare, and most managed care plans.
- Medi-cal funding NOT available for patients ages 21-64

### **Treatment Services include**

- Comprehensive evaluation and risk assessment
- Symptom management skills training
- Crisis planning and prevention
- Supportive counseling (group and individual)
- Medication administration, education and training
- Independent living skills training
- Dietary consultation
- Discharge planning and linkage to community support

### **Admission Criteria**

- Individuals experiencing an acute exacerbation of symptoms of mental illness who require 24-hour supervision and/or assistance with psychiatric recovery
- Must be referred by a physician
- Most admissions are voluntary, however, a Freestanding Psychiatric Hospital may become designated to provide involuntary services

These facilities cannot accept individuals who:

- Have complex medical problems that cannot be treated on an outpatient basis
- Have a primary diagnosis of drug or alcohol abuse, or an eating disorder (but can be co-occurring)
- Are a registered sex offender